



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## SWAZILAND

The Swaziland HIV/AIDS prevalence rate of 38.6 percent is second in the world only to Botswana's rate. The epidemic has affected the small kingdom in dramatic ways. Approximately 50,000 children have lost one or both parents as a direct result of AIDS, and 60 percent of hospital admissions are due to HIV/AIDS-related illnesses. The majority of deaths occur among young people aged 15–49, the nation's most productive population segment. Particularly high infection rates of up to 47.3 percent are found among women 15–24 years of age, and up to 18.3 percent among men in the same age group. Life expectancy at birth in the mid-1990s was 51 years, but it has dropped rapidly to 39.4 as a direct result of AIDS.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	200,000
Total Population (2002)	1,110,000
Adult HIV Prevalence (end 2001)	38.6%
<b>HIV-1 Seroprevalence in Urban Areas</b>	
Population at High Risk (i.e., sex workers and clients, patients seeking treatment for a sexually transmitted infection, or others with known risk factors)	51.3%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	34.5%

Sources: UNAIDS, U.S. Census Bureau, World Bank, U.S. Embassy Mbabane

Halting the epidemic is stymied by conservative religious and traditional beliefs against condom use, alongside social acceptance of multiple partners in both monogamous and traditional polygamous relationships. Nearly two-thirds of all Swazis are below the food poverty line, and there is increasing unemployment and periodic migration of unaccompanied breadwinners for work in neighboring countries. Continued economic decline may push more Swazis into poverty or economic migration, potentially increasing the level of the epidemic. Also, with prevalence above 25 percent, the economic burden for care and support is poised to have a critical impact.

HIV is transmitted primarily through heterosexual contact. From 70 percent to 85 percent of tuberculosis deaths also exhibit HIV infection. Estimates of HIV prevalence in all antenatal women in 2003 were at nearly 38.6 percent, a staggering increase from the 1992 level of 3.9 percent.

## NATIONAL RESPONSE

Swaziland implemented a national AIDS program in 1987, which included a variety of AIDS-control activities that were undertaken by the government, nongovernmental organizations, and the business sector. In 1999, His Majesty King Mswati III declared HIV/AIDS a national disaster and established an HIV/AIDS Cabinet Committee and a multisectoral HIV/AIDS Crisis Management and Technical Committee under the office of the Deputy Prime Minister. The National Emergency Response Committee on HIV/AIDS has been upgraded to a council and expanded from 11 members to 24 to include more stakeholders.



Map of Swaziland: PCL Map Collection, University of Texas

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Swaziland's efforts to mitigate the effects of the HIV/AIDS epidemic are contained in a national HIV/AIDS strategic plan for the 2000–2005 period. The plan contains a framework for a multisectoral national response that addresses three areas of concern: risk reduction, response management, and impact mitigation. The National HIV/AIDS Emergency Response Council is in the process of establishing a monitoring and evaluation unit, and the government released national recommendations for prevention of mother-to-child transmission in November 2003.

## **U.S. GOVERNMENT SUPPORT**

The United States Agency for International Development (USAID) does not maintain a mission or staff in Swaziland, but provides technical support for HIV/AIDS activities through the Regional HIV/AIDS Program (RHAP) and the Ambassador's Initiative on HIV/AIDS. In 2000, USAID launched the Regional HIV/AIDS Program for Southern Africa to support the Corridors of Hope Initiative and prevention of mother-to-child transmission services program through the Elizabeth Glaser Pediatric AIDS Foundation. These programs support the Swaziland National AIDS Program mandate and focus on developing and strengthening the capacity of local organizations to address the issues associated with HIV/AIDS. The U.S. Centers for Disease Control and Prevention (CDC) and the African Development Foundation are also active in Swaziland on a scale smaller than is USAID/RHAP.

### ***Behavior change communication***

A workshop for media professionals, The Journalist Project, gave editors and journalists the opportunity to examine and discuss the role of the media in shaping opinion about HIV/AIDS, and to learn compassionate ways to report on the epidemic and to correct myths and misconceptions about the disease. The project offered monthly open-forum sessions for media professionals to explore HIV/AIDS issues and to share experiences.

Many banners, billboards, buttons, pamphlets, posters, and T-shirts promoting anti-HIV/AIDS messages throughout Swaziland have been and continue to be purchased and distributed with funds from the U.S. Government. The Corridors of Hope Initiative trains peer educators, sponsors radio and TV talk shows, and even trains community chiefs in HIV/AIDS awareness.

### ***Children affected by HIV/AIDS***

Many of Swaziland's 50,000 orphans have little ability to feed or clothe themselves adequately, much less pay for school fees. The U.S. Ambassador's Girls' Scholarship Program provides educational opportunities for several hundred Swazi girls throughout the country. The Salvation Army Community Care program is supported by U.S. funds and provides support and skills training for the Orphan Guardians Project through which grandmothers serve as guardians for orphans in their villages.

### ***Community-based organizations***

Local organizations are the backbone in the fight against the HIV/AIDS epidemic in Swaziland. Under the Corridors of Hope Initiative, the Family Life Association of Swaziland works to facilitate behavior change among young people and those with whom they have high-risk sexual encounters. Their project, Targeted Intervention for Mobile Populations, works primarily in the main cities of Manzini and Mbabane, and in the border towns of Lavumisa and Ngwenya. This project targets long-distance truck drivers and taxi drivers, and commercial sex workers using peer education to influence behavior change. The information, education, and communication materials are developed locally in consultation with community members and the message audience. The association promotes condom use, distributes and sells condoms, and refers clients to clinics for diagnosis and treatment of sexually transmitted infections. The United States government also provides limited funding to other similar organizations, such as the Swaziland AIDS Support Organization, the Swaziland Conference of Churches, Swaziland Hospice at Home, the AIDS Information and Support Centre, and World Vision Swaziland.

### ***Prevention of mother-to-child transmission***

In 2003, the Swaziland Ministry of Health established a national prevention-of-mother-to-child-transmission program and began collaborative planning with USAID, the CDC, and the Elizabeth Glaser Pediatric AIDS Foundation to provide

prevention-of-mother-to-child-transmission services in two hospitals and surrounding clinics. The Elizabeth Glaser Pediatric AIDS Foundation program will be consistent with the national guidelines, with the goals of delivering quality prevention-of-mother-to-child-transmission services, increasing access to these services, and enhancing care and support for prevention of mother-to-child transmission. Implementation priorities for the new Swaziland program include integration of prevention of mother-to-child transmission with antenatal care, training for staff in that technical area, and voluntary counseling and testing, and linking the services to community support.

## **FOR MORE INFORMATION**

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